

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OTC 5/13/11

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/29/2011
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CROSSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 80 JUSTICE ST CROSSVILLE, TN 38555
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to revise a care plan to address non-compliant behaviors for one resident (#9) of fifteen sampled residents.</p> <p>The findings included: Resident #9 was admitted to the facility on September 29, 2009, with diagnoses including Delusional Disorder and Personal History of Falls. Medical record review of the Minimum Data Set dated March 10, 2011, revealed the resident was able to recall information without cues and</p>	F 280	<p>F - 280</p> <p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 3/29/11 the Director of Nursing (DON) updated the care plan for resident #9 to address non-compliant behaviors. On 4/5/11 and 4/6/11 the DON and Executive Director (ED) educated MDS/Care Plan Nurses and Social Service associates who are responsible for the care plan for resident #9 to ensure that non-compliant behaviors are addressed in care plan.</p> <p>2) How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Between 3/29/11 and 4/14/11 the MDS/Care Plan nurses and Social Service associates will complete an audit and update of care plans in facility for non-compliant behaviors. On 4/5/11 and 4/6/11 the DON and Executive Director (ED) educated MDS/Care Plan Nurses and Social Service associates who are responsible for care plans that non-compliant behaviors are to be addressed in care plan.</p>	<p>4/6/11</p> <p>4/14/11</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

 Executive Director 4/7/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 280	<p>Continued From page 1</p> <p>presented no behavioral problems. Continued review revealed the resident required supervision with transfers, walking inside and outside the room, and had a history of falls. Medical record review of a physician's order dated October 11, 2010, revealed, "Pressure alarm in bed at all times..."</p> <p>Medical record review of a nurse's note dated October 14, 2010, at 7:45 p.m., revealed, "...observed by this nurse turning pressure alarm off..." Medical record review of a nurse's note dated October 15, 2010, at 7:45 p.m., revealed, "...up ambulating in room per self without walker...reminded...needs to use walker..." Medical record review of a nurse's note dated December 8, 2010, at 10:50 a.m., revealed, "...up ambulating...leaves walker behind...very unbalanced..." Medical record review of a nurse's note dated January 15, 2011, at 12:10 a.m., revealed, "passing (#9's) room obs (observed) res dc (disconnect) alarm..." Medical record review of a nurse's note dated February 3, 2011, at 3:30 a.m., revealed, "...Resident non-compliant with safety measures. Observed (#9) attempting to ambulate back to bed but trying to put pants on while standing. Towel noted to be wrapped around resident's feet..." Medical record review of a nurse's note dated February 28, 2011, at 6:00 p.m., revealed, "...continues to turn off alarms."</p> <p>Medical record review of a care plan effective through June 17, 2011, revealed non-compliant behaviors were not addressed.</p> <p>Observation on March 29, 2011, at 2:40 p.m., revealed the resident seated on the bed in the resident's room and bed and floor mat alarms</p>	F 280	<p>3) What measures will be put into place or what systematic changes will you make to ensure that the deficient practice will not recur?</p> <p>The Social Service Director (SSD) and MDS/Care Plan Nurses will complete a monthly audit of care plans to ensure that non-compliant behaviors are addressed. The SSD will present the findings of this audit to the QA Committee.</p>	4/14/11

APR 08 2011

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F 280	Continued From page 2 were disconnected. Interview with the alert, oriented resident on March 29, 2011, at 2:40 p.m., in the resident's room, revealed the resident had disconnected the alarms, and the resident stated, "...disconnect (the) alarms at times (because I) don't like the noise. I hook them back up when I go to sleep at night." Interview with the care plan nurse on March 29, 2011, at 3:07 p.m., in the assistant director of nursing's office, confirmed the facility had failed to revise the care plan to address the resident's recurrent non-compliant behaviors. C/O: #26774	F 280	4) How will the corrective action(s) be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place. The Social Service Director will present the findings of the Care Plan audit for non-compliant behaviors to the Quality Assurance Committee meeting monthly for three consecutive months. The Quality Assurance Committee consists of the Executive Director, Medical Director, Business Office Manager, Staff Development Coordinator, Director of Medical Records, Director of Environmental Service, Director Of Maintenance, Director of Social Services, Director of Admissions, Director of Rehab Services, Pharmacist, Director of Activities, Director of Food and Nutrition Services, and Director of Marketing. The QA committee will review the findings and make recommendations and develop plans of action if any areas are noted to be non-compliant.	4/14/11	

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